



The Weekly Wrap Up

January 27, 2006

From Viola Miller, Tennessee's Commissioner for
The Department of Children's Services

Why They Run from DCS

In the fall of 2005, two interns in the CQI division selected a random sample of 20 AWOL cases from the September 30, 2005 Brian A. and Juvenile Justice Placement Report in order to look at the reasons youth were running and to try to identify similar patterns in the cases or cues that were being missed prior to runaway. The 10% sample was pulled from 200 dependent/neglected and unruly kids reported on runaway. The youth selected represented most DCS regions (Southeast, Southwest, Upper Cumberland, and Northwest were not represented in the random sample).

In order to conduct the review, we looked at the children's case recordings to see if we could find any common themes or risk factors, with a focus on identifying opportunities to improve practice. Some of the case recordings were confusing and poorly done, making it difficult to determine what was happening in the child's life prior to them running away. Many of the notes in TNKids referencing the youth and their runaway behavior were not strengths-based or focused on the child and his or her needs.

One interesting note is that many of the youth with runaway behavior reviewed in this sample have parents who are deceased or in jail or have parents whose rights have been terminated. Several of these young people were living with other family members at the time they entered custody. Fourteen of the twenty youth reviewed had run prior to the current runaway episode, and this high percentage shows how seriously prior runaway behaviors should be taken as an indicator of increased risk for future runaways.

In 2005, Chapin Hall published a study of foster youth entitled, *Youth Who Run Away from Substitute Care*. They collected quantitative and qualitative data that helps shed some light on the underlying issues related to runaway youth. Some of their findings and suggestions are helpful in focusing our efforts on prevention and are presented later in this summary.

Common Themes in Tennessee's DCS Runaway Cases

1. Case managers and other involved adults do not appear to be listening to youth, valuing their input, or involving them in decision-making.
 - Caring adults that youth identify are not involved in case planning.
 - DCS does not appear to be facilitating youth contact with caring adults identified by the youth.
2. Some youth appear concerned that DCS and/or their families know that they are safe while on the run.
 - Many of the youth contact family and case managers while they are away.
3. There appeared to be a large focus on punishment and little focus on redirection of behavior or long-term view.
 - DCS custody is used as a punishment by the court, but in most cases there doesn't appear to be an effective and immediate treatment for the concerns.
4. Youths' safety concerns that they express about foster homes and residential treatment centers are sometimes being ignored.
 - Youth sometimes run away from youth facilities or treatment centers because they do not feel safe.
 - In some cases, case managers did not address issues identified in the placement by the resource parent, staff, or child.
 - One youth reported that her foster parent was verbally abusive to her and other children in the home after she was picked up from runaway. The case manager responded by saying that running away would not help her chances of returning home and then dropped her off at the same foster parent's job. The youth subsequently ran away again.
5. Youth and families do not appear to be receiving services to help them cope with negative behaviors. Continued contact with family members often exacerbates some of these youth's negative behaviors.
 - There didn't appear to be many efforts to provide services to youth who want to improve relationships with close family members. These youth often want to continue a relationship with family regardless of the permanency goal.
 - Case managers do not appear to be addressing issues brought to them by resource parents and contract agency staff. In some cases, this lack of action leads to placement disruption and runaway behavior.

Demographics

- 11 17-year-olds, 2 16-year-olds, 3 15-year-olds, 3 14-year-olds, and 1 12-year-old
 - 9 Caucasians, 9 African-Americans, and 2 Latinos
 - 10 males, 10 females
 - Mean days for current runaway episode: 168.2 overall; 184.5 for males and 151.9 for females (as of 10/6/05)
 - Average of 3 runaways each; Average of 3+ placements each
 - Nine youth were found before Thanksgiving, 3 ran again and one has since aged out
-

HOW TO CATCH THEM WHEN THEY RUN

When I first received a call about working with Operation Fleet Feet, I was excited about assisting the Department with locating the runaways. When a child runs, we as case managers need to do everything in our power to locate the child, and not take the attitude of just one less child to deal with. When a child runs, it does not only put the child at risk, but the community in which the child is located at risk. We need to locate our missing youths, to keep them safe as well as our community.

I have been in the field for four years, and I have been fortunate to locate many runaways. One of the best ways to apprehend runaways, if you should happen to see a missing child, report it to the proper authorities. For example, I had a child that ran away from a contract agency. I got a tip that the child was in New Jersey, so I got in contact with police, and he was later apprehended. I did use the Internet to get address and telephone number of the proper authorities. We must by all means necessary, use available resources to locate the missing child.

Commissioner Miller really is concerned about our runaways, and we need to do whatever we can to locate these children. If we all work together, for the same cause, oh what a difference we can make. The difference will be locating our children and keeping the community safe.

BEN VAUGHN

CHAPIN HALL: WHY THEY RUN

Many of the findings in the Chapin Hall study are consistent with the findings here in Tennessee. They interviewed 474 17-year-old youth in out-of-home care in Illinois in 2004. They found that youth with a history of runaway behaviors are much more likely to run away again and that youth who have been in the system for a long time are much more likely to run away than youth who recently entered out-of-home care (except for the first two months, where the incidence of runaway behavior is highest). Older youth (16-17) are much more likely to run away than younger youth (12-15) and almost none of the runaway cases involve children younger than 12. The Chapin Hall study reports that minority youth and females were more likely to run away than males and whites. This was not the case in Tennessee's random sample.

The Chapin Hall study also found that youth with substance abuse problems and mental health diagnoses are at heightened risk of runaway. A youth residing in his or her second placement is 70 percent more likely to run away from that placement than youth in a first placement. A youth with five placements is three times as likely to run away as youth in a first placement. All else being equal, youth who are in foster homes are less likely to run from care than those in residential care, and those living in relative placements are even less likely to run. The researchers in the Chapin Hall study found variations in the different regions studied that they were exploring further.

In their qualitative analysis, the Chapin Hall researchers identified 4 patterns of runaway behavior. These are useful when thinking about targeted prevention strategies²:

1. **Running to Family of Origin:** These youth want to be connected to family even if they are dysfunctional (some youth hope that they will change). They often feel like they aren't getting anything better in custody than they got from their family. They want to be with family after a close family member dies to cope with the grief. These youth believed that being with biological family equated to "normal" and they deeply desire a "real home."
2. **Rotating to Friends and the Streets:** Most youth interviewed who fit into this category were males in group homes who wanted to assert their adulthood and resented the rules and restrictions of group home life. Many have been taking care of themselves for a long time and resent having a parent figure step in to tell them what to do. They see their autonomy as normal and not oppositional. They feel like they are being punished for something that isn't their fault: their parents' failures. Familiar is better than unfamiliar, regardless of safety. Many youth equate being in foster care to prison because of the lack of freedom around everything from playtime to food to constant supervision. Other youth run to be with friends, siblings, and cous-

² Some of the comments included in these four items are taken directly from the report and some are paraphrased. Please see the Chapin Hall report for a complete description.

ins who they feel are like family to them and meet their needs for belonging, safety, and connection. One youth explained, “we rebel because that’s what we do.” After youth returned, they didn’t get the impression that they were missed. Youth tend to rely on their peers for support and a sense of normalcy. **PREVENTION:** One youth suggested that they have more reasonable rules, and another wanted more information about and control over his future in custodial care.

- 3. Touching Base and Maintaining Relationships:** Short runs for the purpose of checking in with family, friends, and other places and people who are important to them. They often return to their placements, but maintain that “home base” on the outside. These youth are not rejecting family or placement, but are trying to establish a community of care that combines family and friends. They often think of their mothers as friends rather than caregivers. In some cases, the youth run away to deal with what they perceive as family obligations. The youth say it is difficult for them to *want* to trust adults, especially their caseworkers. If and when they do trust their caseworkers, youth talk about the motivation that good caseworkers give them to do stuff to make them proud. Their transition to adulthood is dependent on their view about what a normal future holds for them. The peers and caseworkers in their lives influence their likelihood of success.
- 4. Running Random:** Among the young people in this group were young girls who had experienced trauma in their families of origin and in foster care such as the incarceration/death of family members, sexual assaults, miscarriages, giving birth, have having a child removed from them by DCS. When asked about running, they describe a need for freedom from stress and worry. These youth feel un-cared-for and unattached. These youth ran for extended periods (3 mo.-4 years) to unfamiliar destinations and stayed with strangers. They were looking for a “vacation”. They are highly impulsive. They often choose to run with a friend, and never to their families of origin. They are longing to find something “out there” that they have never experienced before. They are not trying to reconnect with someone or something they already know. They believe no one cares and they are looking for someone to love them. **PREVENTION:** If they feel loved and that whatever they are saying is being heard, then they are less likely to run.

These are key factors that need to be looked at in planning targeted runaway prevention:

1. Ways in which youth understand the reasons for being in protective custody
2. Experiences they had before and after placement in substitute care
3. Supports and associations they feel they have available
4. How they understand and process their individual experiences
5. Role of biological family, peers, caregivers, and caseworkers in providing a supportive network for them

Suggested Case Management Strategies to Reduce Runaway Behavior of Teens in DCS Custody Based on a Random Sample of 20 Runaway Youth

1. Involve teens in case planning, permanency planning, team building, and every other decision-making strategy. If they are not a part of the planning process, then they don't have an incentive to follow the plan that is developed. Help them understand why custody is necessary.
 2. Help connect teens with caring adults even if they are not placement options. Also help teens develop realistic relationships with their biological families through counseling, family services, and coping skills.
 3. Encourage and support positive connections with peers.
 4. Encourage resource parents, mentors, contract agencies, and other agencies to engage the child in planning his or her treatment, discipline strategies, and responsibilities.
 5. Respond to concerns identified by resource families, contract agencies, mentors, or other adults involved in a young person's life before situations escalate to disruption or runaway.
 6. Do not allow contract agencies to withhold contact with family or other appropriate caring adults from youth. These connections are necessary for some youth to not only feel safe themselves but to know that people they care most about are okay.
 7. When youth return from runaway, let them know that they were missed and that DCS is going to try to do better to make them feel safe this time. Then listen to and follow up on what they have to say.
-

Are you getting proper credit?

Tammy Black weighs in with some advice:

Family/Sibling F2F-

- Choose contact type above IF you, the HCCM, were present for the visit that occurred
- List ALL persons that were present at the visit on the Contact Info Tab
- If siblings in custody were present and you want it copied to their record as a Fam/Sibling F2F visit, choose those siblings on the Siblings Tab
- Be specific in your narratives to mention who was present, where the visit occurred, approx how long the visit
- If you the HCCM were present, this also will count towards your required F2F visit with the child !!

Family/Sibling NOT F2F-

- Choose contact type above if the visit occurred but you the HCCM were not present.
- Choose contact type above if a contract agency provided the visit (supervised or unsupervised)
- List all persons reported to you that were present in the Contact Info Tab
- If siblings in custody were present and you want it copied to their record as a Fam/Sibling Not F2F visit, choose those siblings on the Siblings Tab
- Be specific in your narratives to mention who was present, where the visit occurred, approx how long the visit
- The above type will not count toward your required visit with the child, but will satisfy the family/sibling visits
- If the child sees the parent(s) everyday or every weekend, you must record these or the system thinks there has been no visit
- If they child sees them everyday, suggested recording at least 1x every week, be sensitive to the 1st day and the last day of the month at a minimum.
- Insist contract provider tell you who was present, where it was and how long it was for and when the next visit will be.

Face to Face (client)

- Choose the above if you saw the Client in person. If the parents were there, was it really a Fam/Sibling F2F? If so, you do not choose the above type, you refer to the previous section

Face to Face

- Plain face to face means many things. Face to Face can be with ANYONE other than a client. If ever you see the Client, you should not be reflecting “just a face to face”, but rather one of the above types instead.

Team Leaders/ Team Coordinators

- As you review case recordings, please check the Contact Info tab to insure all parties present at the visit are accounted for. If the parent , child and HCCM are there, contact type would most likely be Fam/Sib F2F..... not just F2F.

Tammy Black

224-2075 Kingsport

854-5123 Johnson City

MTSU Prep Looking For Bright DCS Kids

DCS is a partner with the MTSU (Middle Tennessee State University) Prep Academy. The goal of the academy is to raise the college graduation rate of students-of-color and of other under-served populations. MTSU is interested in having DCS students apply for admission into this Academy. The criteria is that the students are bright, gifted/talented, but underachieving. For more information Call Ms. Ave` Trotter or Dr. Sharon Shaw-McEwen at 615-898-5975 or email cdinit@mtsu.edu.

DR. GATLIN DISPENSES ADVICE ON MEDS



Dear Dr. Gatlin:

Here is my question: It seems to be a lot of trouble to track parents down and tell them about psychotropic medications that their child is taking. I don't understand if the child is in our custody why they have to know. Can you talk about this and what my role is in telling the parents about medications?

Maxine

Dear Maxine:

Thank you for your question about children in our custody, their mental health care and the role that their parents should play.

Actually, even though the child is in DCS custody, the parent still maintains the right to decide the medical care of their child unless termination of parental rights is occurring. This means that they have the

same right (and responsibility) to be informed consumers of medical care as any of us would with our own children.

When we are discussing being informed consumers of medical care, in particular, psychiatric medication, this means that a process of communication between the prescribing provider and the person legally capable of deciding about treatment (i.e. the parent) should occur. This communication process is commonly referred to as "Informed Consent"

The person responsible in ensuring that an "Informed Consent" process happens is the **pre-scribing provider**. Included in the "Informed Consent" Process is:

- the Patient's Diagnosis,
- Nature and Purpose of proposed treatment,
- risks and benefits of proposed treatment,

- alternative treatments,
- risks and benefits of alternative treatment,
- and risks and benefits of not receiving treatment

You, as the DCS case manager **cannot** be responsible in obtaining “Informed Consent” **from the parent**. It does not meet the legal definition of “Informed” (i.e. you are not medically/clinically trained), nor “Consensual” as there is implied coercion with DCS maintaining custody of the parent’s child.

Your role as the child’s case manager is to facilitate the dialogue between the prescribing provider and the parent. *Inform the parent of upcoming appointments, make appointments to accommodate the parents schedule if possible, arrange transportation if needed, acquire phone numbers where the parent can be reached if they cannot attend the appointment in person, encourage the parent to actively participate in their child’s mental health and medical care, brainstorm with them about questions to ask the provider at the time of the appointments, etc.*

Sound like a big task? There is a silver lining in this process. This should be a less time consuming process than trying to track down the parent after the fact to “get their signature”. It will foster an alliance between yourself, the parent, and provider. *Now that is engaging families!* It empowers parents and patients. And, it increases compliance with medical/mental health recommendations following reunification. And finally, it meets legal requirements of “Informed Consent!”

(Also remember to get credit for any face to face visits – with child/ child to parent—that happen during this process!)

Certainly the child’s medical care is of utmost importance. Therefore IF the parent is not available (by phone or in person OR will not participate) you, as the case manager, should notify them of the medication decisions that have been made and continue to work toward engaging the parent in future appointments and decision.

Also, when they do not participate, please use the appropriate protocol per policy regarding consent for treatment and medication for children in custody. The guideline found on the intranet is available at the link below and spells this all out for you. Path is DCS Intranet/ FAQ/well being/informed consent quick guide.

<http://www.intranet.state.tn.us/chldserv/faq/wellBeing/informedConsent.pdf>

<p>Please send any questions for Dr. Gatlin to Mary Beth Franklyn</p>
--